

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00

P 25162066

Certification Number



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

JUN 25 2018

Local Registrar

Date Issued

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS CERTIFICATE OF DEATH												State File Number:		4. Date of Death (MM/DD/YYYY)					
1. Decedent's Legal Name (First, Middle, Last, Suffix)			2. Sex			3. Date of Birth (Month/Year) (Specify Month)			5. Birthplace (City and State or Foreign Country)			6. Did Decedent Live in Township?			7b. Birthplace (County)				
Thomas Maly			Male			April 25, 1952			Plainsburg, PA			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne			Luzerne				
66																			
6a. Age Last Birthday (Yrs)			6b. Under 1 Year			6c. Under 1 Day			6d. Residence (Street and Number - Include Apt. No.)			6e. Residence (Street and Number - Include Apt. No.)			6f. Did Decedent Live in Township?			7a. Birthplace (City and State or Foreign Country)	
66			Month			Day			Neighborhood			21 Pine Street			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne			Plainsburg, PA	
Pennsylvania												18618						Luzerne	
6d. Residence (State or Foreign Country)			6e. Residence (Street and Number - Include Apt. No.)			6f. Residence (City and State or Foreign Country)			7a. Birthplace (City and State or Foreign Country)			7b. Birthplace (County)			7c. Did Decedent Live in Township?				
Pennsylvania			21 Pine Street			18618			Plainsburg, PA			Luzerne			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
6g. Residence (Zip Code)			6h. Residence (Zip Code)			6i. Residence (City and State or Foreign Country)			6j. Residence (City and State or Foreign Country)			6k. Did Decedent Live in Township?			7a. Birthplace (City and State or Foreign Country)				
18618			18618			Plainsburg, PA			Luzerne										
6l. Ever in US Armed Forces?			6m. Mental Status at Time of Death:			6n. Relationship to Decedent			6o. Surviving Spouse's Name Prior to First Marriage (First, Middle, Last, Suffix)			6p. Surviving Spouse's Name Prior to First Marriage (First, Middle, Last, Suffix)			7b. Birthplace (County)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			Spouse			Dorothea Catina			Sophie Kolesar			7c. Did Decedent Live in Township?				
Henry Maly																			
12. Father / Parent's Name (First, Middle, Last, Suffix)			13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix)			14. Informant's Name			15. Informant's Mailing Address (Street and Number, City, State, Zip Code)			16. Informant's Mailing Address (Street and Number, City, State, Zip Code)			7d. Did Decedent Live in Township?				
Henry Maly			Sophie Kolesar			Dorothea Maly			Wilkes-Barre, PA 18764			Wilkes-Barre, PA 18764			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
17a. Relationship to Decedent			18a. Place of Death (Check only one)			19a. Plan of Death (Check only one)			20a. Did Decedent Die in Hospital?			21a. Did Decedent Die Elsewhere?			7e. Did Decedent Live in Township?				
Spouse			<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			<input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
18b. Facility Name (If not institution, give street and number)			18c. City or Town, State, and Zip Code			18d. City or Town, State, and Zip Code			18e. City or Town, State, and Zip Code			18f. County of Death			7f. Did Decedent Live in Township?				
Wilkes-Barre General Hospital			Wilkes-Barre, PA 18764			Wilkes-Barre, PA 18764			Wilkes-Barre, PA 18764			Luzerne			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
18g. Method of Disposition			18h. Date of Disposition			18i. Place of Disposition (Name of cemetery, crematory, or other place)			18j. Signature of Funeral Service Licensee or Person in Charge of Interment			18k. License Number			7g. Did Decedent Live in Township?				
<input type="checkbox"/> Burial <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			June 27, 2018			St. Nicholas Cemetery						FD012639L			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
18l. Location of Disposition (City or Town, State, and Zip Code)			18m. Signature of Funeral Service Licensee or Person in Charge of Interment			18n. License Number													
Shavertown, PA 18708																			
18o. Name and Complete Address of Funeral Facility			18p. Signature of Funeral Service Licensee or Person in Charge of Interment			18q. License Number													
Nat & Gawlas Funeral Home, 89 Park Avenue, Wilkes-Barre, PA 18702																			
19. Decedent's Education - Check the box that best describes the highest degree he or she attained or received at the time of death.			19a. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19b. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			19c. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19d. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7h. Did Decedent Live in Township?				
<input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MLS, Med, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, Ed.D) or Professional degree (e.g., MD, DDS, DVM, LL.B, JD)			19e. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19f. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			19g. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			19h. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			<input type="checkbox"/> Yes, decedent died in _____ <input checked="" type="checkbox"/> No, decedent lived in limits of, Harvey Lake, Luzerne				
19i. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be.			19j. Decedent's Hispanic Origin - Check the box if Spanish/Hispanic/Latino. If "No," check the "No" box if decedent is not Spanish/Hispanic/Latino.			19k. Decedent's Race - Check the box if decedent identified himself or herself to be.			19l. Decedent's Hispanic Origin - Check the "No" box if decedent is not Spanish/Hispanic/Latino.			19m. Decedent's Race - Check the box if decedent identified himself or herself to be.			7i. Did Decedent Live in Township?				
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino			<input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese			<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese			<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander				
20. Data Pronounced Dead (MM/DD/YYYY)			21. Data Pronounced Dead (MM/DD/YYYY)			22. Signature of Person Pronouncing Death (Only when applicable)			23. License Number			24. Part I. Enter the short list of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBRIVATE. Enter only one cause on a line. Add additional lines if necessary.			7j. Did Decedent Live in Township?				
06/23/2018			06/23/2018			KOC			MO4159060			25. Part II. Enter all other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			7k. Did Decedent Live in Township?				
26. Part I. Enter the short list of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBRIVATE. Enter only one cause on a line. Add additional lines if necessary.			27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28. Were autopsy findings available to determine the cause(s) and manner(s) of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			29. Approximate Interval: Close to Death			30. Part II. Enter all other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			7l. Did Decedent Live in Township?				
26a. Immediate Cause: <input type="checkbox"/> Disease or condition resulting in death			27a. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28a. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29a. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30a. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7m. Did Decedent Live in Township?				
26b. Underlying Cause: <input type="checkbox"/> Disease or condition that initiated the events resulting in death			27b. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28b. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29b. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30b. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7n. Did Decedent Live in Township?				
26c. Contributing Causes: <input type="checkbox"/> Disease or condition that contributed to death			27c. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28c. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29c. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30c. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7o. Did Decedent Live in Township?				
26d. Contributing Conditions: <input type="checkbox"/> Disease or condition that contributed to death			27d. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28d. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29d. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30d. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7p. Did Decedent Live in Township?				
26e. Contributing Factors: <input type="checkbox"/> Disease or condition that contributed to death			27e. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28e. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29e. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30e. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7q. Did Decedent Live in Township?				
26f. Contributing Environmental Factors: <input type="checkbox"/> Disease or condition that contributed to death			27f. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28f. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29f. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30f. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7r. Did Decedent Live in Township?				
26g. Contributing Social Factors: <input type="checkbox"/> Disease or condition that contributed to death			27g. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28g. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29g. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30g. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7s. Did Decedent Live in Township?				
26h. Contributing Psychological Factors: <input type="checkbox"/> Disease or condition that contributed to death			27h. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28h. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29h. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30h. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7t. Did Decedent Live in Township?				
26i. Contributing Medical Factors: <input type="checkbox"/> Disease or condition that contributed to death			27i. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28i. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29i. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30i. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7u. Did Decedent Live in Township?				
26j. Contributing Financial Factors: <input type="checkbox"/> Disease or condition that contributed to death			27j. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28j. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29j. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30j. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7v. Did Decedent Live in Township?				
26k. Contributing Legal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27k. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28k. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29k. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30k. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7w. Did Decedent Live in Township?				
26l. Contributing Religious Factors: <input type="checkbox"/> Disease or condition that contributed to death			27l. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28l. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29l. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30l. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7x. Did Decedent Live in Township?				
26m. Contributing Political Factors: <input type="checkbox"/> Disease or condition that contributed to death			27m. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28m. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29m. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30m. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7y. Did Decedent Live in Township?				
26n. Contributing Personal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27n. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28n. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29n. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30n. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7z. Did Decedent Live in Township?				
26o. Contributing Environmental Factors: <input type="checkbox"/> Disease or condition that contributed to death			27o. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28o. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29o. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30o. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7aa. Did Decedent Live in Township?				
26p. Contributing Social Factors: <input type="checkbox"/> Disease or condition that contributed to death			27p. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28p. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29p. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30p. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7bb. Did Decedent Live in Township?				
26q. Contributing Psychological Factors: <input type="checkbox"/> Disease or condition that contributed to death			27q. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28q. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29q. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30q. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7cc. Did Decedent Live in Township?				
26r. Contributing Medical Factors: <input type="checkbox"/> Disease or condition that contributed to death			27r. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28r. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29r. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30r. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7dd. Did Decedent Live in Township?				
26s. Contributing Financial Factors: <input type="checkbox"/> Disease or condition that contributed to death			27s. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28s. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29s. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30s. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7ee. Did Decedent Live in Township?				
26t. Contributing Legal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27t. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28t. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29t. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30t. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7ff. Did Decedent Live in Township?				
26u. Contributing Religious Factors: <input type="checkbox"/> Disease or condition that contributed to death			27u. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28u. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29u. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30u. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7gg. Did Decedent Live in Township?				
26v. Contributing Personal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27v. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28v. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29v. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30v. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7hh. Did Decedent Live in Township?				
26w. Contributing Environmental Factors: <input type="checkbox"/> Disease or condition that contributed to death			27w. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28w. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29w. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30w. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7ii. Did Decedent Live in Township?				
26x. Contributing Social Factors: <input type="checkbox"/> Disease or condition that contributed to death			27x. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28x. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29x. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30x. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7jj. Did Decedent Live in Township?				
26y. Contributing Psychological Factors: <input type="checkbox"/> Disease or condition that contributed to death			27y. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28y. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29y. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30y. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7kk. Did Decedent Live in Township?				
26z. Contributing Medical Factors: <input type="checkbox"/> Disease or condition that contributed to death			27z. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28z. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29z. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30z. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7ll. Did Decedent Live in Township?				
26aa. Contributing Financial Factors: <input type="checkbox"/> Disease or condition that contributed to death			27aa. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28aa. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29aa. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30aa. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7mm. Did Decedent Live in Township?				
26bb. Contributing Legal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27bb. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28bb. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29bb. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30bb. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7nn. Did Decedent Live in Township?				
26cc. Contributing Religious Factors: <input type="checkbox"/> Disease or condition that contributed to death			27cc. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28cc. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29cc. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30cc. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7oo. Did Decedent Live in Township?				
26dd. Contributing Personal Factors: <input type="checkbox"/> Disease or condition that contributed to death			27dd. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28dd. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			29dd. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30dd. Did Decedent Die Elsewhere? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility			7pp. Did Decedent Live in Township?				
26ee. Contributing Environmental Factors: <input type="checkbox"/> Disease or condition that contributed to death			27ee. Did Decedent Die in Hospital? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			28ee. Did Deced													